
HMIS ServicePoint Data Entry

In the Family Sector

Calgary HMIS Initiative

Ensure Accuracy, Completion & Integrity of Data in HMIS ServicePoint

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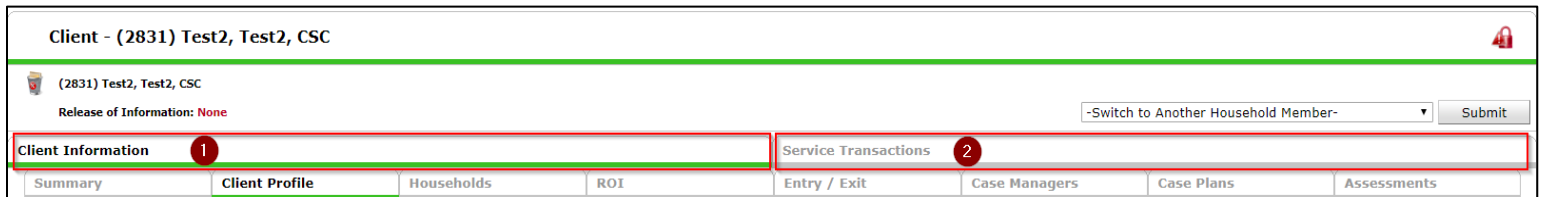
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ClientPoint

To ensure the accuracy and integrity of data in HMIS ServicePoint, **follow the sequential order of the tabs to ensure data is up-to-date and accurate.**

Within ClientPoint, and the Client's profile, there are 2 'umbrella' Tabs:

1. Client Information
2. Service Transactions



The screenshot shows the ClientPoint interface for a client named "(2831) Test2, Test2, CSC". At the top, there is a header with the client name and a "Switch to Another Household Member" dropdown menu with a "Submit" button. Below this, there are two main tabs: "Client Information" (highlighted with a red box and a red circle containing the number 1) and "Service Transactions" (highlighted with a red box and a red circle containing the number 2). Under the "Client Information" tab, there are several sub-tabs: "Summary", "Client Profile", "Households", "ROI", "Entry / Exit", "Case Managers", "Case Plans", and "Assessments".

Part 1: Client Information Tab

Within the Family Sector, under the 'umbrella' Client Information Tab, there are 8 sub-tabs as follows:

1. Summary
2. Client Profile
3. Households
4. ROI
5. Entry/Exit
6. Case Managers
7. Case Plans
8. Assessments

The order of these tabs is specific to ensuring all steps have been completed prior to moving forward to the next tab. If a Case Manager (CM) is working in the Assessment Tab, that CM should doublecheck each tab every time they come into the Client's profile to make sure all required components needed for the client are up-to-date. A CM should look for the following common troubleshooting issues:

- Has the ROI expired?
- Is the client Active in the program?
- How many programs is the client active in at once?

Summary Tab

This tab is a running account of all data points entered throughout the 8 sub-tabs, under the Client Information 'umbrella' tab.

Client Profile Tab


This tab includes the following sections:

- Client Record
- Client Demographics
- Universal Data Elements*
- Client Notes
- File Attachments
- Incidents

***Always make sure the FOIP notification has been agreed to by the client before entering anymore data after this point.**


Client Record

Client Record (first & last name) is required to be entered for all members of the family being served by the program.

 Client Record	
Name	Test2, Test2, CSC
Alias	Fake Profile
Age	19

Client Demographics

Client Demographics are required to be entered for all members of the family being served by the program.

 Client Demographics	
What is your date of birth?	Full DOB Reported
Date of Birth Type	
Reason Date of Birth not answered	
What is your gender?	Female
What is your ethnicity?	

Universal Data Elements

Universal Data Elements (UDE), including the mandatory FOIP notification, are required to be entered for **all family members 18 years of age or older.**

Universal Data Elements	
The FOIP notification has been read and discussed with the client (required) *	<input type="text" value="No"/> G
What is your gender?	<input type="text" value="Female"/> G
Postal code of your last permanent address?	<input type="text"/> G
Reason postal code not answered:	<input type="text" value="-Select-"/> G
Neighbourhood of your last permanent address?	<input type="text"/> G
Reason neighbourhood not answered:	<input type="text" value="Declined to Answer"/> G
What is your ethnicity?	<input type="text" value="-Select-"/> G
If "Other" ethnicity, please specify:	<input type="text"/> G
If Aboriginal ethnicity, which group do you belong to?	<input type="text" value="Not Applicable"/> G
What is your current citizenship and immigration status?	<input type="text" value="-Select-"/> G
If "Other" status, please specify:	<input type="text"/> G
What was your primary residence prior to program entry?	<input type="text" value="Long-term housing with supports"/> G
If "Other" residence, please specify:	<input type="text"/> G
Do you require specialized housing accommodations due to a disabling condition?	<input type="text" value="No"/> G

Households Tab

Include family members that are currently and physically residing with the family unit and housed by the program, regardless of their age (includes children, grandparents, etc).

For each family member added as a 'new' client in this tab, be sure to go back into each family member's unique Client Profile and complete/confirm the following components:

- Client Record
- Client Demographics
- Universal Data Elements (18+)
- Entry into program (confirm)
- ROI (Agency Internal) (confirm)

When first creating the household, make sure the family member's "Joined Household" date matches their initial intake date or entry into the program (if working with family multiple times, ensure "Joined Household" date

matches the initial creation date of the household). On the other hand, if a child has been returned to the family while the family has been active in the program, ensure the "Joined Household" date of the returning child matches the date the child was returned to the family (this would be applied to any household member who may leave the household or join/return).

Ensure a Head of Household (HoH) is established for every household. This is typically the individual who is assessed.

For the individual selected as 'Head of Household' enter 'Self' under 'Relationship to Head of Household' and select "Yes" for Head of Household.

Household Information - (7509) Two Parent Family

(7509) Two Parent Family Save Save & Exit Exit

Household Type *	Two Parent Family
Income	US\$0.00
Client Count	3

Household Members

Name	Age	Head of Household	Relationship to Head of Household	Joined Household *	Previous Associations	Household Count
(2831) Test2, Test2, CSC	34	Yes	Self	02 / 13 / 2019	0	2
(91547) Test3, test		No	Child	02 / 13 / 2019	0	1
(91546) Test3, test		No	Father	02 / 13 / 2019	0	1

Add/Delete Household Members Household History Report

For step-by-step instructions on creating Households, please visit the CHF Website for documentation here:

<http://calgaryhomeless.com/content/uploads/Case-Manager-How-to-Create-Edit-or-Delete-a-Household.pdf>

There can only be ONE Head of Household. If the HoH changes at any time, follow these steps:

- Outgoing HoH:
 - Complete Exit Assessment (give exit on Entry/Ext Tab only if client is leaving the household; do not give exit on Entry/Exit Tab if client remains with household)
- Incoming HoH:
 - Complete Move-In Assessment

In cases where child(ren) are not always in the care of the family, follow these steps:

- PGO: Remove child(ren) from the household in the Household Tab
- TGO: May leave child(ren) in the household in the Household Tab
- Shared Custody: May leave child(ren) in the household in the Household Tab

ROI Tab

Each family member must have a valid Agency ROI. When creating the ROI, click all to apply the ROI to the full household:

Release of Information

Release of Information - (72) test, test

Household Members

To include Household members for this Release of Information, click the box beside each name. Only members from the SAME Household may be selected.

(16) Female Single Parent

(72) test, test

(73) test, test2

Click the box next to the Type of Household to automatically include all members of the household. *Each member is required to have the Agency ROI*

Release of Information Data

Provider *	Calgary HMIS (1)	Search	My Provider	Clear
Release Granted *	-Select-			
Start Date *	05 / 01 / 2019	23	23	23
End Date *	/ /	23	23	23
Documentation	-Select-			
Witness				

Agency ROI – can be verbal or written, but must show up as a line item (with the program name the client is working with) under the ROI tab

CAA ROI – needed for HOH if the client moves through CAA, which includes Program Transfers and Housing First Graduates, *when conducting these referrals, a reminder that you should only be creating the referral for the HOH and not all family members*

*Rule of Thumb: Always include a valid Agency ROI, and whenever a client needs to be a ‘transferred’ or ‘graduated’, include the CAA ROI as well.

Entry/Exit Tab

Each member of the household should have an open entry into the program, not just the HoH. However, the HoH can only be one person. The program spot is identified/calculated by the HoH. (Eg: HoH = Move-in Assessment = Move-in Date = program spot)

Entry Data - (72) test, test
X

Household Members

To include Household members for this Entry / Exit, click the box beside each name. Only members from the SAME Household may be selected.

(16) Female Single Parent

(72)_test,_test (Joined Household: 05/01/2019)

(73)_test,_test2 (Joined Household: 05/01/2019)

Enter the whole household into the program, not just the HoH.

Entry Data - (72) test, test

Provider *	Calgary HMIS (1)	Search	My Provider	Clear
Type *	-Select- ▼			
Entry Date *	05 / 01 / 2019	↺ ↻ ↷	11 ▼	: 32 ▼
			: 23 ▼	AM ▼

Case Managers Tab

Add CM as per program process/policy.

Case Goals Tab

Add Goals (folders) as per program process/policy.

Assessments Tab

Client Centric from the HOH perspective

Data collected in the Move-in, Follow-up and Exit assessments are to be **Client Centric from HoH perspective**. If client is reporting un-true, or inaccurate info, work with the client to help them see value in reporting truthful accounts. If the client continues to report inaccurate data, as per Human Services, the answer reported by the client must be entered. It is recommended to add a Case Note identifying the discrepancy.

Housing First Move-in Assessment - Families

FAQ

How many dependents (under 18) are currently in your primary care?

This question is only looking for **the number of children under 18 that are in the family unit being housed by the program**. If child has been removed from family (and/or no longer resides with the family), do not include. This should match what is displayed in the Household tab.

This question appears in Follow-up and Exit assessment. Ensure to follow the same logic as written above.

FAMILY INFORMATION	
Which of the following best describes your current family situation?	<input type="text" value="Single parent family"/> G
Are you pregnant?	<input type="text" value="-Select-"/> G
How many dependents (under 18) are currently in your primary care? (only include those also enrolled in the program)	<input type="text" value="1"/> G
Are Child Protective Services currently involved with you or your family?	<input type="text" value="No"/> G
Have you been exposed to/are you currently fleeing from family violence?	<input type="text" value="Yes"/> G

What is your currently monthly income?

Only include the HoH income in the sub-assessment. You may include the total Household income in the question: "What is your current monthly household income?" to account for income from other family members (Eg: partner).

This question appears in Follow-up and Exit assessment. Ensure to follow the same logic as written above.

INCOME

What is your current monthly income? (before tax) HoH

	Monthly Amount	Reason current income not answered:	Source of Income
	US\$400.00		Other
	US\$50.00		Binning/Recycling/Bottle Picking
	US\$1,685.00		Assured Income for the Severely Handicapped (AISH)
	US\$0.00		No income
	US\$200.00		Employment Insurance (EI)

Add View Gross Income

What is your current monthly household income? (before tax) G

If household income not answered, please specify: Household Select G

What Basic Needs assistance do you currently require?

Record any and all basic needs the client reports to you at that time. If the need requested does not match the list of options in the dropdown menu, select other and specify.

Add Recordset - (2831) Test2, Test2, CSC

What basic needs assistance do you currently require? (Check all that apply)

Basic needs assistance Other G

If "Other" basic needs assistance, please specify: Specify need here G

Start Date * / / G

End Date / / G

Save Save and Add Another Cancel

Health System Involvement

Include interactions as it pertains to the follow up questions. YES must always be followed by digits (but never JUST zeros). NO must always be followed by zeros (never digits). Doctor appointments do not count so do not include them.

This question appears in Follow-up and Exit assessment. Ensure to follow the same logic as written above.

Have you had any involvement with the health system in the past 3 months?	<input type="text" value="Yes"/>	G
If any, how many days in total have you spent hospitalized in the past 3 months?	<input type="text" value="0"/>	G
If any, how many times have you been hospitalized in the past 3 months?	<input type="text" value="0"/>	G
If any, how many times have you utilized Emergency Medical Service (EMS) in the past 3 months?	<input type="text" value="0"/>	G
If any, how many times have you been to a hospital emergency room in the past 3 months?	<input type="text" value="0"/>	G

If answered 'YES', need to see at least one digit greater than ZERO

Justice & Legal Involvement

Pertains to **both criminal and family judicial systems**. Include interactions as it pertains to the follow up questions. YES must always be followed by digits (but never JUST zeros). NO must always be followed by zeros (never digits).

This question appears in Follow-up and Exit assessment. Ensure to follow the same logic as written above.

JUSTICE AND LEGAL INFORMATION		
Have you had any involvement with the police or the legal system in the past 3 months?	<input type="text" value="No"/>	G
If any, how many days in total have you spent in jail in the past 3 months?	<input type="text" value="0"/>	G
If any, how many times have you been to jail in the past 3 months?	<input type="text" value="0"/>	G
If any, how many times have you had interactions with the police in the past 3 months?	<input type="text" value="0"/>	G
If any, how many court appearances have you had in the past 3 months?	<input type="text" value="1"/>	G

If NO answered, need to see ALL ZEROs

wrong

Complete the CHF Housing Assessment

Housing First Follow-up Quarterly Assessment - Families

Client Unavailable for follow-up

You have the entire calendar month to touch base with the client and ensure the assessment is complete. If you meet with the client and they say, *I do not want to answer the questions*, the appropriate response would be “declined to answer” rather than “unavailable”. If the client is physically unavailable, blank answers may be left (which will appear as acceptable NULLs in the ART Report, assuming it has been indicated in the assessment the client is unavailable).

If the client is unavailable for the assessment, the case worker should only answer questions they know with 100% certainty.

Housing History

Are you currently housed?

Intended to show whether the client is housed at time of the assessment. If client is currently incarcerated, in treatment or a medical facility etc. but has a unit secured for them upon discharge, this client is considered housed.

Have you achieved permanent housing throughout the past 3 months?

Achieved can be interpreted as “Maintained.” The client has been consecutively housed for the past 3 months and did not experience any interruption in housing. If a client is currently incarcerated, in treatment or a medical facility etc. but has a unit secured for them upon discharge, this client is considered housed. Say **No** if a client at any point became homeless, couch surfed, stayed in shelter **with no lease in their name**.

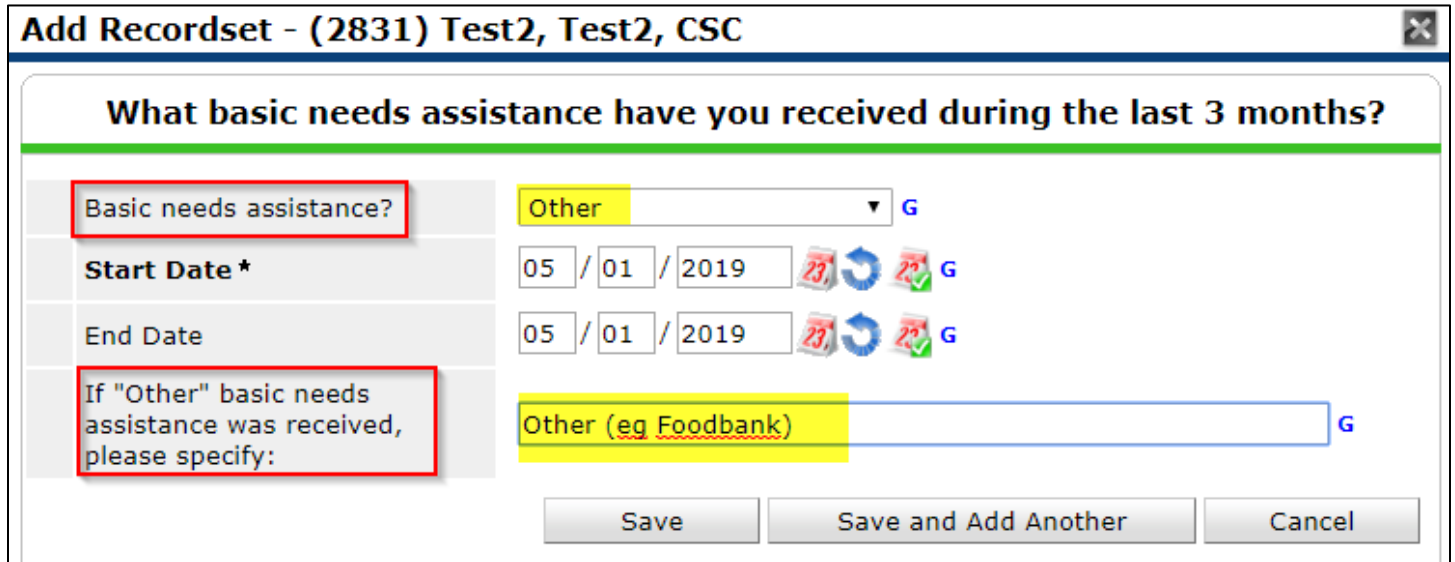
Were you rehoused within the last 3 months?

Captures if a client changed housing during the quarter when the follow-up is completed (for example new lease signed, this does not include a switch of units within the same building). If **yes**, complete the CHF Housing Assessment.

HOUSING HISTORY	
Are you currently housed?	-Select- G
Have you achieved permanent housing throughout the past 3 months?	No G
Were you rehoused within the last 3 months?	Yes G

What basic needs assistance have you received during the last 3 months?

Include all basic needs the client reports to you during this assessment, even if received from other programs or agencies (eg foodbank) If the service requested does not match the list of options in the dropdown menu, select other and specify.



Add Recordset - (2831) Test2, Test2, CSC

What basic needs assistance have you received during the last 3 months?

Basic needs assistance? Other G

Start Date * 05 / 01 / 2019 G

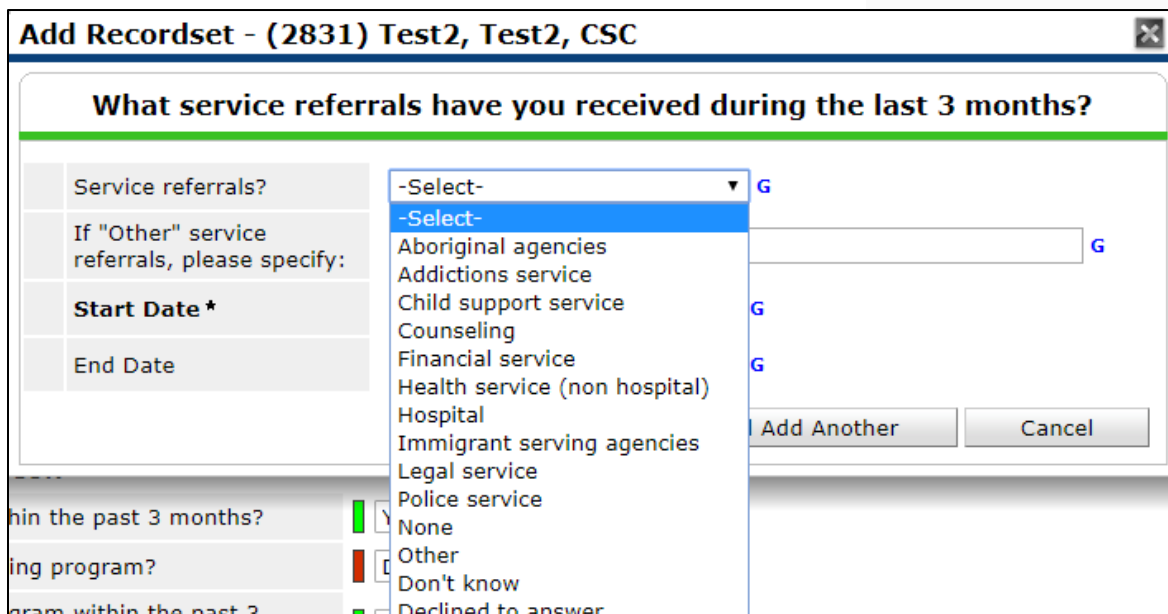
End Date 05 / 01 / 2019 G

If "Other" basic needs assistance was received, please specify: Other (eg Foodbank) G

Save Save and Add Another Cancel

What service referrals have you received during the last 3 months?

Include referrals your client has received from your program for services shown in the drop down menu. If the referral requested does not match the list of options in the dropdown menu, select other and specify. It is important to note that it doesn't mean the client has followed through on the referral, just that referral was provided. These referrals can be within your agency or the greater community.



Add Recordset - (2831) Test2, Test2, CSC

What service referrals have you received during the last 3 months?

Service referrals? -Select- G

If "Other" service referrals, please specify: -Select- G

Start Date * G

End Date G

Add Another Cancel

Within the past 3 months?
 ...ing program?
 ...gram within the past 3

Housing First Exit Interview

Client Satisfaction Questions

If the client is unavailable, the Case Manager needs to answer appropriately:

CLIENT SATISFACTION	
Please rate your overall satisfaction with the program you participated in to get you housed.	<input type="text" value="Satisfied"/> G
Please rate to what extent you agree or disagree with the following statements:	
The housing provided to me through the program was appropriate and met my needs.	<input type="text" value="Satisfied"/> G
The support services provided to me through the program were appropriate and met my personal needs to remain housed.	<input type="text" value="Satisfied"/> G
Through the program, I was provided with assistance to connect with the government services that I required	<input type="text" value="Client unavailable for assessment"/> G

CHF Housing Assessment

In this assessment you are entering information from the Agency's perspective, not the client.

View the Housing Assessment Walk Through document for how to complete, found here:
<http://calgaryhomeless.com/content/uploads/Walk-Through-Guide-v01.pdf>

Part 2: Service Transactions Tab

When making referrals to Program Transfer or Housing First Graduates, **only create the referral for the Head of Household (HoH).**

Program Transfer Referrals Process Documentation:
<http://calgaryhomeless.com/content/uploads/Program-Transfers-HMIS-Steps.pdf>

Housing First Graduate Referrals Process Documentation:
<http://calgaryhomeless.com/content/uploads/Housing-First-Graduates-HMIS-Steps.pdf>